

Program Evaluation

POLICY I: *All enrolled providers under First Steps, Kentucky's Early Intervention System shall have periodic Program Evaluations.*

PROCEDURES:

1. The Kentucky Early Intervention Evaluation System shall review any enrolled provider, on an as need basis, as areas of concern are reported to the Lead Agency.
2. The Kentucky Early Intervention Evaluation System shall review all enrolled providers through a random selection process at least once every two years.
 - A. A self study process will be conducted for each selected enrolled provider notified of an upcoming evaluation review. The self study shall address compliance/regulatory data, qualitative information (IFSP, service notes, billing information, certification and licensure, etc.), quantitative information, as well as family satisfaction information. Information that shall be reviewed as part of the self study includes, but not limited to, policies, procedures, regulations, parent and family centered activities, staff certification and professional development, communications, records and practices required in the provision of early intervention services under Kentucky's First Steps Program.
 - B. Each enrolled provider shall have a Self-Study Team that includes local stakeholders such as service providers, program or agency administrators, parents, local education agency representative, and/or a health/human service representative. Other community persons may also be included.

Recommend Practice: The Self Study Team have a least one third of the members be parents.

- C. A report of the findings from the self study and validation review shall be sent to the Lead Agency and copied to the enrolled provider **within ten (10) working days** of completion of the review. The report shall include areas of commendation, areas recommended for improvement, and area(s) of non-compliance or deficiency. The report shall clearly identify the requirements of the action plan and include contact information for technical assistance.
3. The enrolled provider shall send a copy of the completed action plan to the Evaluation Specialist for approval **within fifteen (15) working days** of the receipt of report/findings. The action plan shall include a separate one (1) page plan for each statement of need, strategies/activities to meet the need, time lines for achievement of each goal, the person responsible for progress report and name/signatures of persons responsible for facilitating change, including self study team members and service providers. This process is to ensure that the enrolled provider corrects and prevents the recurrence of non-compliance or deficiency.

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4. A statement of agreement or disagreement with the findings of non-compliance or deficiency shall accompany the action plan.
5. In case of a disagreement with the non-compliance findings, a statement of the reason for disagreement and documentation to indicate compliance on disputed issue shall accompany the action plan. The Lead Agency shall be notified of any disagreement and copied with documentation.
6. **Within ten (10) working days** of the receipt of the enrolled provider response to the findings, the Evaluation Specialist shall:
 - A. Notify the enrolled provider of acceptance of the action plan and time lines; or
 - B. Notify the enrolled provider of the need to revise the time lines and/or strategies of the action plan.
7. Follow up visits shall be scheduled with the enrolled provider and Evaluation Specialist to review progress toward goal and document effort toward meeting the needs as identified in the evaluation process.
8. If the enrolled provider fails to take steps to correct any identified areas of non-compliance or deficiency, or fails to implement any component of the action plan, the Lead Agency shall notify the Director of the enrolled provider of the following:
 - A. Action shall be taken by the Lead Agency to enforce obligations under federal and state regulations imposed on the enrolled provider through the contract with the Cabinet for Health Services by:
 - (1) The Lead Agency shall write response to Evaluation Specialist findings and requirements outlining action to be taken by contract provider.
 - (2) **Within ten (10) working days** of receiving the written response from the Lead Agency, the contract provider shall respond to the Lead Agency by fully implementing any component of the action plan.
 - (3) The Commissioner of DMHMRS shall be notified of the impending action.

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- B. Consequences of the enforcement of the Cabinet for Health Services shall affect the continuation of federal and state funding of the enrolled provider as follows:
- (1) Requirement of enrolled provider to repay misspent or misapplied funds.
 - (2) Withholding of funds until corrective action is taken by the enrolled provider.
 - (3) Cancellation of enrolled provider status with Cabinet for Health Services.

INTRODUCTION

Part H service in the State of Kentucky is known as First Steps, Kentucky's Early Intervention System. Part H is a section of P.L. 102-119, IDEA (Individuals with Disabilities Education Act) which defines the provision of programs for infants, toddlers and their families. Part H provides money for states to implement coordinated, comprehensive, community based, family centered services for infants, toddlers and their families. Under this act states are required to meet specific criteria and develop specific components to qualify for ongoing federal funding, including the development and implementation of Part H monitoring system.

CFR 303.501 requires *designation of a lead agency responsible for assuring that supervision and monitoring occur for agencies providing Part H services regardless of whether they receive Part H funds*. It also requires that states *adopt and assure that methods are developed to administer the program including monitoring of agencies and organizations receiving Part H assistance, enforcing obligations imposed on agencies by regulation, providing technical assistance as necessary to those agencies and correcting deficiencies identified through monitoring*.

The Kentucky Early Intervention Evaluation System is designed for the supervision and evaluation of the First Steps program in Kentucky. This system of evaluation is founded on the premise that a systemic program review will provide critical information to stakeholders holder involved in day to day operation. This information is also important to administrators and policy makers. Information gathered will be analyzed to provide direction regarding allocation of resources, ongoing development of family and staff partnerships and the highest quality of service to infants and toddlers with disabilities and their families.

When researching best practices for program evaluation, the staff identified three basic theories that are congruent with the mission and goals of the system. One theory discusses the positive impact of "outcome" evaluations. Another theory deals with identification of the "results" or what happens because of what a service provider or agency does. The third theory points out the strengths of "participatory" evaluation.

Outcome evaluation is the reporting of program results in ways that stakeholder can use the information to understand and make decisions concerning the results. Outcome evaluation describes what the program is doing, how it is doing it and what is happening because of what is being done. When outcome evaluation is implemented program manager and service providers can take identified results and make continuous quality improvements by focusing on critical needs first.

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Results based program accountability calls for agencies and service providers to take responsibility for implementation of programs and then for looking closely at the results of the implementation. Characteristics of results based program accountability are:

- ✱ Clearly articulated outcomes to be achieved by the program.
- ✱ Indicators to measure if the outcomes have been achieved.
- ✱ Standards or benchmarks assessing progress of the program.
- ✱ Data collection instruments used to periodically collect and analyze data for internal decision making and public reporting.

Participatory approaches appear to be practical, useful, formative and empowering. It is practical in that it responds to the needs, interest and concerns of the users. It is useful because the findings are shared in ways that primary users can actually use the information and formative because it seeks to improve program outcomes or the results of implementation. As providers and agency staff use the process, the more empowering the experience becomes. Participants buy in to the process by identifying the results of program evaluation, measure the results of implementation against the standards, identify the programs strengths and implementing a plan of action to address the identified needs.

First Steps is reflective of these theories and practices and will assure children and families quality, compliant programs and services.